

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of Rice

Town of "

or "

City of "

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angelo Russell  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth 4 25 26  
Month Day Year

8. FATHER  
Full name Gray Russell

14. MOTHER  
Full maiden name Clara Vance

9. Residence (Usual place of abode) Rice, Ariz.  
If non-resident, give place and state.

15. Residence (Usual place of abode) Rice, Ariz.  
If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 28 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Rice  
(State or country) Ariz.

18. Birthplace (city or place) Rice  
(State or country) Ariz.

13. Occupation Common Laborer  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 2  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was Born alive at 2 m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D.  
(Physician or midwife)  
Address San Carlos Ariz.

Given name added from a supplemental report. \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_  
Month, day, year \_\_\_\_\_ Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_  
County Registrar.

193-425-355